

MISSOURI ASSERTIVE COMMUNITY TREATMENT NEWSLETTER

SEPTEMBER 2011

ISSUE 1

Hello from DMH!

Well, the Missouri ACT teams have been up and running for about three and a half years now. Great job to our six teams across the state! We decided that it would be a good idea to have a newsletter. We will shoot for quarterly and adjust as needed. I will be looking for ideas, success stories, updates, or anything else that you, the readers find relevant. So please, let me know if you have a topic you would like to see in the newsletter. The hope is that it will foster unity across the state by sharing stories from each team and providing information that all ACT team members can read.

If anybody has a recommen-

dation for a topic, please contact me. Otherwise you are subject to my whim.

On another topic, we (DMH ACT reviewers: Lori Norval, Susan Blume, & Kelli Hood) have finally completed the first round of fidelity reviews across the state. Whew! The plan is to put together data from the reviews which will be nicely displayed on a graph. Round Two of the fidelity reviews has started and, as always, we look forward to seeing the good work you all continue to do, and areas where you have improved!

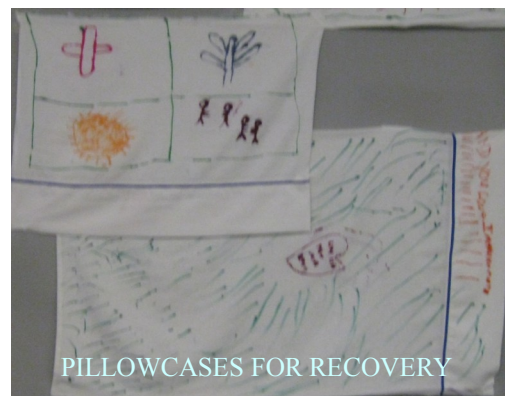
Kelli Hood

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Special points of interest:

- ◆ Did you know that you can receive ACT specific technical assistance from DMH? Contact Lori Norval in the west or Kelli Hood in the east. They are happy to assist!



Specialist Networking Calls

We are planning on beginning monthly calls for each specialist category on the ACT teams. The purpose of the specialist networking calls is to provide an arena for problem solving, fostering support, and building unification across Missouri's ACT teams. The hope is to have these calls on a monthly basis, at least initially, to allow for each team specialist to become familiar with their specialist counterparts on other teams.

The first specialist call to get underway was the Peer Specialist call this month.

Please watch for emails about upcoming specialist calls for:

Vocational Specialist and
Substance Abuse Specialist

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WELCOME NEW FACES!

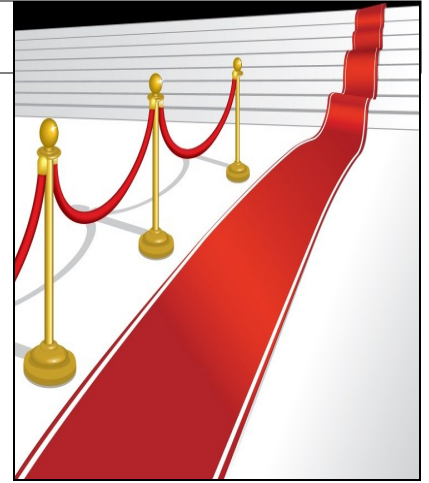
We want to take time to welcome those that have recently joined our ACT teams.

ACT 1 Team at Places for People: **David Buseman**– Peer Specialist, **Andrew Difani**– Peer Specialist, & **Kiley Peters** - RN

St. Patrick Center ACT: **Brittany Axtell** - MH Specialist, **Margaret Mulvihill** - MH Specialist

Home Team at Places for People: **Craig Deken** - Community Support Staff

Family Guidance Center: **Rachel Evans** - Case Worker, **Lori Perry** - Program Assistant



New ACT Team: Ozark Center

This month it seems relevant to spotlight an entire team:

Ozark Center in Joplin

This team makes # 7 for us in Missouri. They are still in process of filling staff on the team. They have hit the ground running, especially in light of the tornado recovery process in the Joplin area. So far, the team consists of:

Team Leader: Ilona Denker

Case Manager/ Benefits Specialist: George Snider

Prescriber: Karl Stammer

Peer Specialist: Liz Foster

RN: Kate Cosby

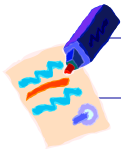
Program Assistant: Angel Supplee

Employment Specialist: Kathy Bynum

Substance Abuse Specialist: Steve Briley

Case Manager/Housing Specialist: Abby Dunn

Student: David Clyde



ACT Tips and Tools of the Trade

Weekly Client Schedule

"The weekly client schedule is a written schedule of the specific interventions or service contacts (i.e., by whom, when, for what duration, and where) that fulfills the goals and objectives in a given client's treatment plan. This schedule shall be developed and maintained for each client enrolled in PACT. It sets in motion the client-centered approach by communicating to the shift manager the activities the team must carry out each day for

every client. The ITT is responsible for recording on the weekly client schedule all interventions or service contacts from the client's treatment plan and updating the weekly client schedule whenever the treatment plan changes. The weekly client schedule is a form printed on five by eight index cards. Team members write the weekly client schedule in pencil so that changes can be easily made and keep them in a central file in the team meeting room."

Taken from page 52 of A Manual for ACT Start-Up.



Team Member SPOTLIGHT: Aaron Kuivila

Name: Aaron Kuivila

Team: ACT 1 @ Places for People – formerly Community Alternatives

Position: Substance Abuse Specialist

How long have you been on the team? I started as a practicum student in September 2010 and was hired on full time in December 2010.

What is your favorite food? Coffee– black and sometimes iced in the summer

What is your favorite part about being on an ACT team? My favorite period in school was lunch because it was a social period. Now every day is a social period while working with the clients.

What is something you would like to share? It is important for us to take care of ourselves in the work we do. We need to do whatever is necessary to stay healthy (whatever healthy is to you) so that we can continue working with our clients.



Peer Specialist Networking Calls

The purpose for regular networking calls between Peer Specialists across the Missouri ACT teams is multifaceted. It is to promote the sharing of ideas, methods, issues and problem solving strategies regarding the role of Peer Specialists, but also to solidify the overall statewide unification of Missouri's ACT teams.

The latest review of the outcomes of TMACT survey data on Missouri teams revealed several areas relating to the Peer Specialist role where teams can increase fidelity. DMH Technical Assistance (TA) staff hope to promote and guide networking among the ACT Peer Specialists, offer suggestions

for start-up topics and ongoing agenda items for the meetings. TA staff will eventually join the calls only occasionally to offer support, education and guidance after initial start-up of the calls.

Calls will be about 1 hour in length, be productive and initially be held monthly. It is our hope that the Specialists can become better acquainted with each other and discuss their ACT teams as well as formulate goals for using the networking calls. Specialists can use this platform to continue to work together in improving fidelity within their own roles on their teams as well as

receive peer support and education from the Peer Specialists on other teams.

The initial call was held on September 7th with lots of great discussion. **The next call is scheduled for October 19th at 8:30AM.** All Peer Specialists are encouraged to attend!

For more information, contact Lori Norval with DMH at (417) 448-3476 or Lori.Norval@dmh.mo.gov

PILLOWCASES FOR RECOVERY

You may notice pictures of art here and on the front page of the newsletter. These pictures were submitted by Stephanie Boyer who works on the St. Patrick Center ACT Team in St. Louis. She has worked with her clients on Pillowcases for Recovery. She commented on how cool it has been to see people progress from drawing a line in thirty minutes to picking up a marker and just going. Thanks Stephanie for sharing these with all of us!

If your team is doing something remarkable, send pictures to share with everyone in the newsletter!



EXAMPLES OF ART
COMPLETED BY ACT
CLIENTS AT ST.
PATRICK CENTER.

Is Your Team Trauma Informed?: Physical and Emotional Safety

Sometimes we go about our day and get caught up in completing contacts, tasks, etc. that need to be completed. Under these hectic circumstances, it can be challenging to have the concept of being trauma informed at the forefront of our minds. As a part of an ACT team, you have the unique opportunity to encourage and challenge one another during daily team meetings!

In this issue, we are addressing the issue of Safety of Physical/Emotional Environments. The DMH Trauma Initiative Competency Components define this component as policies and operating practice that should address safety and avoid retraumatization. Examples of this are listed as having a welcoming attitude, a proactive policy on preventing and de-escalating client aggressive behaviors, and addressing gender/staffing issues, just to name a few. These are all very essential and important.

The concept of creating a safe physical and emotional environment, however, can go much deeper than that. Here are some other things to consider:

1. Offer a choice. Examples might be choices around seating options, how bright or dim the lighting is, where to meet, etc.
2. Don't blame. It does not help to blame survivors for their efforts to manage their traumatic reactions. Even though we usually don't mean it, asking "why" can send a message of blame. (i.e. "Why did you stay with him when you knew he had been drinking?" This implies blame. The message sent is that if she had not stayed, she would not have been yelled at/assaulted/raped, which may not be accurate.)
3. Be honest. If an issue comes up and you are not sure how to best approach or handle it, let the person know but offer a solution. Take it back to the team, find other resources, etc. This can go a long way to create emotional safety.

When people start to feel safe, relationships can be established and healing can be fostered.

For more information on trauma, see DMH's Trauma Initiative page at www.dmh.mo.gov/mentalillness/initiatives/TraumaInit/index.htm.

ACT TEAMS ACROSS MISSOURI



Burrell Behavioral Health - Springfield

Family Guidance Center - St. Joseph

Ozark Center - Joplin

Places for People ACT 1 - St. Louis

Places for People Home Team - St. Louis

St. Patrick Center - St. Louis

Truman Medical Center - Kansas City